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**Volume 12, No. 2**      **A Publication of the**  
**DENTISTRY EXAMINING BOARD**      **OCTOBER, 2000**

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**PUBLIC MEMBER WILLA JEAN MOORE  
REMEMBERED**

Will Jean Moore of Milwaukee, WI was appointed to serve as a public member of the Dentistry Examining Board on March 11, 1992. After a long challenge with cancer Mrs. Moore died on July 24, 2000. She is survived by 5 children, 4 siblings, 12 grandchildren, 5 great-grandchildren and many other relatives and friends. She was preceded in death by her husband Henry. A retired corporate tax secretary and sec/treasurer of a family owned business she was a conscientious, allegiant and exceptional contributor to the mission of the Dentistry Examining Board. Her warm smile and distinct style is already missed by her fellow Board Members.

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**THE WISCONSIN  
DENTISTRY  
EXAMINING BOARD**

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**Final Adoption of DE 3.04 by the DEB!**

Long awaited final adoption of Clearinghouse Rule 99-99 relating to oral systemic premedication and subgingival sustained released chemotherapeutic agents that may be administered by a licensed hygienist occurred at the July 12 Dentistry Examining Board Meeting. **Effective date is October 1, 2000.**

Under the Act, the scope of a dental hygienist is expanded to permit the administration of oral systemic premedications and subgingival chemotherapeutic agents if the following conditions are met:

- an administration is performed pursuant to a treatment plan approved by a dentist.
- a dentist remains on the premises when the medications are provided and who is available throughout the completion of the patient's appointment.

The rules permit a dentist to determine, in his/her professional judgment, the specific medications they may be administered to a patient by a dental hygienist.

*"Subgingival sustained release chemotherapeutic agents"* means medications that are applied under the gum tissue in periodontal pockets to treat periodontal or gum disease.

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<i>"Oral systemic premedications"</i> means antibiotics that are administered orally to patients	

prior to providing dental or dental hygiene services in order to mitigate against the risk patients developing a bacterial infection.

**THE BUSINESS OF LEADERS, OF HEROES, IS TRICKY. LEADERSHIP IS NOT SOMETHING THAT IS DONE TO PEOPLE, LIKE FIXING YOUR TEETH. LEADERSHIP IS UNLOCKING PEOPLE'S POTENTIAL TO BECOME BETTER.**

**BILL BRADLEY**

### **DEB Strategic Planning 2000**

An exciting process is well underway as the Board begins a collaborative, team-based approach to creating our Vision Statement, Mission Statement and Strategic Plan for the next five years. With the assistance of talented facilitators, we are reviewing and identifying the Board's stakeholders, functions, roles and core values. The discovery of both common and diverse ideas hasn't surprised anyone, yet the process engages us in healthy communication and respect for each member's knowledge and history.

Our comprehensive plan (and its process) should inspire highly developed, shared and connected insights while motivating cooperation in the achievement of organizational goals, effectiveness and efficiency.

*"If one does not know where they are headed or how they will get there, it is of no matter or consequence where they end up." Unknown*

We look forward to reporting further development in the challenge of putting a sense of purpose and destination ("...where we are headed...") into words applicable to the entire Board and our Stakeholders we serve.

### **Dental Hygiene Certification to Administer Local Anesthesia-Chapter DE 7**

#### **Questions and Answers**

*As an instructor of the local anesthesia portion of our Dental hygiene curriculum, does the inferior alveolar injection completed as part of the classwork have to be on a non-classmate?*

YES. Referencing Chapter DE 7, Section DE 7.05 Educational Requirements. Paragraph (3)(c): Students performing injections as part of the clinical coursework shall successfully perform all local anesthesia injections on their classmates as well as perform at least one successful interior alveolar injection on a

non-classmate patient. For those licensed dental hygienists who are completing this course in the continuing education environment, the injection on a non-classmate patient may be performed in the office where the dental hygienist is employed, as long as the employer-dentist agrees to supervisor and submit verification of the successful completion of the injection.

The certificate of completion has recently been revised to reflect this important component.

*Where can I get the application packet for the dental hygiene certificate to administer local anesthesia?*

Write: Dept. of Regulation and Licensing  
1400 E. Washington, PO Box 8935  
Madison, WI 53708-8935

email: [patrick.braatz@drl.state.wi.us](mailto:patrick.braatz@drl.state.wi.us)

Documents needed: 1. Current CPR Certification  
2. Course title, date  
information

*Since the dentist **must remain on the premises** for the patient(s) receiving local anesthesia injection(s) by the dental hygienist, can s/he delegate ultimate responsibility to another dentist from the practice (an associate/partner) if they have to leave before the completion of appointment?*

YES. But remember the dentist **must remain "on the premises" throughout the completion of the appointment**, not just the injection. **Good communication** is key here – to both the hygienist and dentist "on the premises." They should both be informed clearly of responsibilities before the delegating dentist leaves the office.

Example: Dr. M. Axilla approves a treatment plan delegating local anesthetic\* to P. Rophy, RDH for a 4:15 p.m. patient scheduled for lower right quadrant root planing with them. S/He has an emergency call from a homebound patient that needs attention and leaves the office before the appointment is completed. Dr. M. Axilla consults briefly with associate on the premises indicating the status of the hygiene patient and any medical history concerns. Communication to P. Rophy, RDH also takes place informing him/her of the dentist on the premises resuming ultimate responsibility in his/her absence.

Reference: Chapter DE 7, Section 447.06 Practice limitations. (2)(3)(2).

\*This also pertains chemotherapeutic agents specified by the DEB and orals systemic premedications specified by the DEB.

### **Initial Licensure to Dentists and Dental Hygienists in the State of Wisconsin Administrative Rule DE 2.01(1)(G)**

An applicant to the state of Wisconsin is required to submit proof of his/her education and successful examination results. Among these exam requirements, the applicant must provide verification from the Central Regional Dental Testing Service or other board-approved testing services of successful completion of an examination in clinical and laboratory demonstrations taken within the 5-year period immediately preceding application.

At present, *CRDTS is the only board-approved testing services* for the State of Wisconsin. *The WREB has just been board-approved effective January 1, 2001 with applications available at that time for initial licensure.* This does not imply that dental graduates from other states who have successfully completed other regional dental boards are less than competent. Rather it ensures that the test itself for Wisconsin licensed dental professionals meet the same exacting standards in various aspects of the examination. Questions to ask about other regional examinations relate to validity, calibration of examiners, fairness and reliability.

Collaboration between WREB (Western Regional Examining Board) and CRDTS was reported in the March Regulatory Digest and is ongoing. Since 1997, these two groups worked towards acceptance of one another's regional exam. It is hoped that similar cooperation can occur with SRTA (Southeast Regional Testing Agency) and NERB (Northeast Regional Board).

We recognize the supply of dentists is shrinking - both nationally and regionally - while access to dental care is of paramount importance with a large aging population retaining their own teeth. As well, the movement of graduate dentists due to the other spouses' job or by preference is on the upswing. Both wife and husband are working and mobility from either is becoming a job requirement.

The AADE (American Association of Dental Examiners) provides a national forum for state boards, regional testing agencies and educators to discuss and debate topics such as this. Wisconsin

is well represented and it is currently discussing the issue of freedom of movement. It remains crucial that we stay committed to these processes whose primary responsibility is to ensure competency of dental professionals wishing to practice in our State.

The safety and well-being of the dental consumers are at the heart of these responsibility...they entrust us with the provision of quality driven and integrity bound dentistry. Of which we are all proud to be a part of.

### **CDC Guidelines**

#### **Infection Control In Dentistry**

The Center for Disease Control and Prevention provides recommendations for Infection Control Practice in Dentistry. The guidelines are available in its entirety from the ADA (312/440-2500), CDC (404/639-3311), and have been published in many professional journals.

The Wisconsin Dentistry Examining Board considers current CDC guidelines as the standard of care and should be followed with certainty. Practicing outside these guidelines is considered unprofessional conduct and cause for investigation upon complaint.

The CDC publishes a report known as the Morbidity and Mortality Weekly Report (MMWR) which reviews criteria for obtaining medical histories, use of protective attire and barrier techniques, handwashing and care of hands, use and care of sharp instrument and needles, indications for high level disinfection of sterilization of instruments, methods for high level disinfection or sterilization as well as decontamination of environmental surfaces, laboratory supplies and materials. Ultrasonic scalers, handpieces, dental units, handling of biopsy specimens and disposal of waste materials are also discussed.

These are *minimum* standards of care and can always be exceeded by any provider. Occupational Safety and Health Administration (OSHA) regulations are more extensive and not within the authority of the Dentistry Examining Board.

### **CDC Guideline Highlight**

#### **Sterilizer Monitoring - Weekly**

Proper functioning of sterilization cycles should be verified by the periodic use (AT LEAST WEEKLY) of biologic indicators (i.e., spore tests). Heat sensitive chemical indicators (e.g.,

those that change color after exposure to heat) alone do not ensure adequacy of a sterilization cycle but may be used on the outside of each pack to identify packs that have been processed through the heating cycle. This service is available from various educational institutions or dental supply vendors. Documentation is paramount in recording of this elementary, yet important test in an attempt to ensure sterility of critical and semi-critical instruments for our patients.

An inexpensive method to confirm heat penetration to all instruments during each cycle is the use of a chemical indicator in the center of each multiple instrument pack; this procedure is recommended for use in all dental practices. Instructions provided by the manufacturers of medical/dental instruments and sterilization devices should be followed closely. Source: MMWR, Vol. 42/No. RR-8, Page 5, May 28, 1993.

#### **Case Handling Process**

**Screening Stage:** Approximately 2,000 cases are received each year. Approximately 1,000 of these cases will be closed at the Screening Stage. The average time in this stage is approximately 3 months.

**Investigative Stage:** Of the 1,000 cases opened for investigation each year, 750 are closed without discipline at the conclusion of the investigation. The average time in this stage is approximately 1 year.

**Awaiting Attorney Action Stage:** Of the 250 cases recommended each year for formal discipline, 230 will resolve through stipulation or informal settlement conference. The average time in this stage is 2 years.

**In Hearing Stage:** Approximately 20 cases each year result in the filing of a formal complaint and the holding of a formal administrative hearing. The average time in this stage is 2 years.

#### **1999 Wisconsin Act 176 – Whistleblower Bill**

AN ACT *to amend* 111.322 (2m) (a) and 111.322 (2m) (b); and *to create* 106.06 (6), 146.997 and 230.45 (1) (L) of the statutes; **relating to:** disciplinary action against an employee of a health care facility or a health care provider who reports a violation of the law or a violation of a clinical or ethical standard by the health care facility or health care provider or by an employee of the health care facility or health care provider and providing a penalty.

*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

**SECTION 1.** 106.06 (6) of the statutes is created to read:

**106.06 (6)** The division shall receive complaints under s. 146.997 (4) (a) of disciplinary action taken in violation of s. 146.997 (3) and shall process the complaints in the same manner that employment discrimination complaints are processed under s. 111.39.

**SECTION 2.** 111.322 (2m) (a) of the statutes is amended to read:

**111.322 (2m) (a)** The individual files a complaint or attempts to enforce any right under s. 103.02, 103.10, 103.13, 103.28, 103.32, 103.455, 103.50, 104.12, 109.03, 109.07 or, 109.075 or 146.997 or ss. 101.58 to 101.599 or 103.64 to 103.82.

**SECTION 3.** 111.322 (2m) (b) of the statutes is amended to read: 111.322 (2m) (b) The individual testifies or assists in any action or proceeding held under or to enforce any right under s. 103.02, 103.10, 103.13, 103.28, 103.32, 103.455, 103.50, 104.12, 109.03, 109.07 or, 109.075 or 146.997 or ss. 101.58 to 101.599 or 103.64 to 103.82.

**SECTION 4.** 146.997 of the statutes is created to read:

#### **146.997 Health care worker protection.**

**(1) DEFINITIONS.** In this section:

(a) “Department” means the department of workforce development.

(b) “Disciplinary action” has the meaning given in s. 230.80 (2).

(c) “Health care facility” means a facility, as defined in s. 647.01 (4), or any hospital, nursing home, community-based residential facility, county home, county infirmary, county hospital, county mental health complex, tuberculosis sanatorium or other place licensed or approved by the department of health and family services under s. 49.70, 49.71, 49.72, 50.03, 50.35, 51.08, 51.09, 58.06, 252.073 or 252.076 or a facility under s. 45.365, 51.05, 51.06, 233.40, 233.41, 233.42 or 252.10.

(d) “Health care provider” means any of the following:

1. A nurse licensed under ch. 441.
2. A chiropractor licensed under ch. 446.
3. A dentist licensed under ch. 447.
4. A physician, podiatrist or physical therapist licensed under ch. 448.

5. An occupational therapist, occupational therapy assistant, physician assistant or respiratory care practitioner certified under ch. 448.

6. A dietician certified under subch. V of ch. 448.

7. An optometrist licensed under ch. 449.

8. A pharmacist licensed under ch. 450.

9. An acupuncturist certified under ch. 451.

10. A psychologist licensed under ch. 455.

11. A social worker, marriage and family therapist or professional counselor certified under ch. 457.

12. A speech–language pathologist or audiologist licensed under subch. II of ch. 459 or a speech and language pathologist licensed by the department of public instruction.

13. A massage therapist or bodyworker issued a license of registration under subch. XI of ch. 440.

14. An emergency medical technician licensed under s. 146.50 (5) or a first responder.

15. A partnership of any providers specified under subds. 1. to 14.

16. A corporation or limited liability company of any providers specified under subds. 1. to 14. that provides health care services.

17. An operational cooperative sickness care plan organized under ss. 185.981 to 185.985 that directly provides services through salaried employees in its own facility.

18. A hospice licensed under subch. IV of ch. 50

19. A rural medical center, as defined in s. 50.50 (11).

20. A home health agency, as defined in s. 50.49 (1)(a).

**(2) REPORTING PROTECTED.** (a) Any employe of a health care facility or of a health care provider who is aware of any information, the disclosure of which is not expressly prohibited by any state law or rule or any federal law or regulation, that would lead a reasonable person to believe any of the following may report that information to any agency, as defined in s. 111.32 (6) (a), of the state; to any professionally recognized accrediting or standard–setting body that has accredited, certified or otherwise approved the health care facility or health care provider; to any officer or director of the health care facility or health care provider; or to any employe of the health care facility or health care provider who is in a supervisory capacity or in a position to take corrective action:

1. That the health care facility or health care provider or any employe of the health care facility or health care provider has violated any state law or rule or federal law or regulation.

2. That there exists any situation in which the quality of any health care service provided by the health care facility or health care provider or by any employe of the health care facility or health care provider violates any standard established by any state law or rule or federal law or regulation or any clinical or ethical standard established by a professionally recognized accrediting or standard–setting body and poses a potential risk to public health or safety.

(b) An agency or accrediting or standard–setting body that receives a report under par. (a) shall, within 5 days after receiving the report, notify the health care facility or health provider that is the subject of the report, in writing, that a report alleging a violation specified in par. (a) 1. or 2. has been received and provide the health care facility or health care provider with a written summary of the contents of the report, unless the agency, or accrediting or standard–setting body determines that providing that notification and summary would jeopardize an ongoing investigation of a violation alleged in the report. The notification and summary may not disclose the identity of the person who made the report.

(c) Any employe of a health care facility or health care provider may initiate, participate in or testify in any action or proceeding in which a violation specified in par. (a) 1. or 2. is alleged.

(d) Any employe of a health care facility or health care provider may provide any information relating to an alleged violation specified in par. (a) 1. or 2. to any legislator or legislative committee.

**(3) DISCIPLINARY ACTION PROHIBITED.** (a) No health care facility or health care provider and no employe of a health care facility or health care provider may take disciplinary action against, or threaten to take disciplinary action against, any person because the person reported in good faith any information under sub. (2) (a), in good faith initiated, participated in or testified in any action or proceeding under sub. (2) (c) or provided in good faith any information under sub. (2) (d) or because the health care facility, health care provider or employe believes that the person reported in good faith any information under sub. (2) (a), in good faith initiated, participated in or testified in any

action or proceeding under sub. (2) (c) or provided in good faith any information under sub. (2)(d).

(b) No health care facility or health care provider and no employee of a health care facility or health care provider may take disciplinary action against, or threaten to take disciplinary action against, any person on whose behalf another person reported in good faith any information under sub. (2) (a), in good faith initiated, participated in or testified in any action or proceeding under sub. (2)(c) or provided in good faith any information under sub. (2) (d) or because the health care facility, health care provider or employee believes that another person reported in good faith any information under sub. (2) (a), in good faith initiated, participated in or testified in any action or proceeding under sub. (2)(c) or provided in good faith any information under sub. (2) (d) on that person's behalf.

(c) For purposes of pars. (a) and (b), an employee is not acting in good faith if the employee reports any information under sub. (2) (a) that the employee knows or should know is false or misleading, initiates, participates in or testifies in any action or proceeding under sub. (2)(c) based on information that the employee knows or should know is false or misleading or provides any information under sub. (2) (d) that the employee knows or should know is false or misleading.

**(4) ENFORCEMENT.** (a) Subject to par. (b), any employee of a health care facility or health care provider who is subjected to disciplinary action, or who is threatened with disciplinary action, in violation of sub. (3) may file a complaint with the department under s. 106.06 (6). If the department finds that a violation of sub. (3) has been committed, the department may take such action under s. 111.39 as will effectuate the purpose of this section.

(b) Any employee of a health care facility operated by an agency, as defined in s. 111.32(6) (a), of the state who is subjected to disciplinary action, or who is threatened with disciplinary action, in violation of sub. (3) may file a complaint with the personnel commission under s. 230.45(1) (L). If the personnel commission finds that a violation of sub. (3) has been committed, the personnel commission may take such action under s. 111.39 as will effectuate the purpose of this section.

(c) Section 111.322 (2m) applies to a disciplinary action arising in connection with any proceeding under par. (a) or (b).

**(5) CIVIL PENALTY.** Any health care facility or health care provider and any employee of a health care facility or health care provider who takes disciplinary action against, or who threatens to take disciplinary action against, any person in violation of sub. (3) may be required to forfeit not more than \$1,000 for a first violation, not more than \$5,000 for a violation committed within 12 months of a previous violation and not more than \$10,000 for a violation committed within 12 months of 2 or more previous violations. The 12-month period shall be measured by using the dates of the violations that resulted in convictions.

**(6) POSTING OF NOTICE.** Each health care facility and health care provider shall post, in one or more conspicuous places where notices to employees are customarily posted, a notice in a form approved by the department setting forth employees' rights under this section. Any health care facility or health care provider that violates this subsection shall forfeit not more than \$100 for each offense.

**SECTION 5.** 230.45 (1) (L) of the statutes is created to read: 230.45 (1) (L) Receive complaints under s. 146.997(4) (a) of disciplinary action taken in violation of s. 146.997 (3) and, except as provided in sub. (1m), process the complaints in the same manner that employment discrimination complaints are processed under s. 111.39.

#### **SECTION 6. Nonstatutory provisions.**

**(1) EMPLOYEE NOTIFICATION.** Within 90 days after the effective date of this subsection, each health care facility, as defined in section 146.997 (1) (b) of the statutes, as created by this act, and each health care provider, as defined in section 146.997 (1) (c) of the statutes, as created by this act, shall inform its employees of their rights and remedies under this act.

#### **SECTION 7. Initial applicability.**

**(1) COLLECTIVE BARGAINING AGREEMENTS.** This act first applies to an employee of a health care facility, as defined in section 146.997 (1) (b) of the statutes, as created by this act, or of a health care provider, as defined in section 146.997 (1) (c) of the statutes, as created by this act, who is affected by a collective bargaining agreement that contains provisions inconsistent with this act on the day on which the collective bargaining agreement expires or is extended, modified or renewed, whichever occurs first.

**Disciplines**

FREDERICK B. GILBERT DDS  
MILWAUKEE WI

**SUSPENDED/LIMITED/COSTS**

Porcelain veneer crowns placed had poor marginal integrity. Crowns did not fit correctly. Attempted to reshape and reglaze several of the crowns. Also removed and replaced crowns several times resulting in over-preparation of the teeth and excessive removal of tooth structure. Crowns placed on another patient were poorly constructed, with open margins, resulting in caries near the margins. Treatment, including replacement of the crowns was required. Suspended for 90 days; then, indefinitely limited subject to conditions. Effective 1/25/2000. Sec. 447.07 (3)(a),(f),(h), Stats. DE 5.02(1),(2),(5),(16),(25) Case #LS9905053DEN

RICHARD D. RITTBURG DDS

WAUWATOSA WI REPRIMAND/COSTS  
Patient records contained no documentation of tissue condition, plaque, calculus, pocket depths or tooth mobility. There was no written diagnosis, treatment plan or referral concerning the periodontal condition of the patient. Effective 5/3/2000. Sec. 447.07(3)(a),(h), Stats. DE 5.02(5) Case #LS0005033DEN

A WILLIAM GLOYECK DDS

WEST ALLIS WI LIMITED/COSTS  
Failed to obtain and record a complete health history from a patient prior to commencing treatment. Failed to obtain a baseline full mouth set of x-rays. Failed to diagnose and treat dental caries. Failed to fully remove dental caries. Failed to eliminate or reduce an overhang. Ordered to participate in an education program developed by Marquette University School of Dentistry. Effective 5/3/2000. Sec. 447.07(3)(a), Stats. DE 5.02(5) Case #LS9908271DEN

TIMOTHY M VENTRUCCI DDS

HURLEY WI SUSPENDED  
Obtained hydrocodone from another dentist for his personal use other than in the course of legitimate dental practice, and without a legitimate prescription order. Issued prescription orders for controlled substances in the name of his dental clinic. Was convicted in 1987 of five counts of the crime of obtaining a prescription drug by fraud. Suspended indefinitely. May apply for a stay after six months. Effective 5/3/2000. DE

5.02(1),(4),(5),(6),(10),(15),(16)  
#LS9911101DEN

Case

MARGARET BOLEK DDS

MILWAUKEE WI REPRIMAND  
Resumed anesthetic injections on a patient and proceeded with an extraction following pricking herself with the anesthetic needle. Effective 5/3/2000. DE 5.02 Case #LS0005031DEN

JAMES SCOTT MARKENSON DDS

MILWAUKEE WI

**STAYED SUSPENSION/LIMITED**

For purposes of this action he does not admit but does not contest that he removed schedule II controlled substances from the home of an acquaintance for his personal use. Suspended for a period of not less than 5 years; the suspension stayed for 3 months with limitations imposed. Effective 5/3/2000. DE 5.02(1),(4),(6),(16) Case #LS0005032DEN

**2000 Meeting Dates**

November 1, 2000 Room 179A

Department of Regulation and Licensing  
Dentistry Examining Board  
P.O. Box 8935  
Madison, WI 53708-8935

# REGULATORY DIGEST

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## Telephone Directory

Automated phone system for the Bureau of Health Professions: (608) 266-2811.

- Press 1 **Request Application**  
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**Request a Letter of Good Standing**  
Press 6 **Repeat Menu Choices**  
**Fax:** (608) 261-7083

## Verifications

All requests for verification of license status must be in writing. There is no charge for this service. Requests should be sent to the Department address or may be faxed to (608) 261-7083, Attention Verifications

For our new "online Verification of Credential Holders" visit our Website at [www.drl.state.wi.us](http://www.drl.state.wi.us) and click on the "Credential Holder Query" button.

## Endorsements:

Requests for endorsements to other states must be in writing. The cost is \$10. Please make check or money order payable to the Department of Regulation and Licensing.

## Visit the Department's Web Site:

<http://www.drl.state.wi.us>  
Send comments to [dorl@drl.state.wi.us](mailto:dorl@drl.state.wi.us)

## Digest on Web Site:

The November, 1997, September, 1998, April, 1999, November, 1999 are on the Web.

## Wisconsin Statutes and Code:

Copies of the Dentistry Examining Board Statutes and Administrative Code can be ordered from the Department. Include your name, address, county and a check payable to the Department of Regulation and Licensing in the amount of \$5.28. The latest Edition is dated April, 2000.

## Change of Name or Address?

Please photocopy the mailing label of this digest, make changes in name or address, and return it to the Department. Confirmation of changes are not automatically provided.

**WIS. STATS. S. 440.11 ALLOWS FOR A \$50 PENALTY TO BE IMPOSED WHEN CHANGES ARE NOT REPORTED WITHIN 30 DAYS.**

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